

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1906	Month <i>Nov.</i>	Day <i>30</i>	Age Years <i>0</i>	Months <i>0</i>	Days <i>0</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Salisbury Md.</i>				
Occupation <i>~~~~~</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <i>~~~~~</i>				
Father's Name <i>J. Walter Brewington</i>			Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Alice F. Emory</i>			Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>F. M. Clemens</i>			How related to deceased <i>Not related</i>				

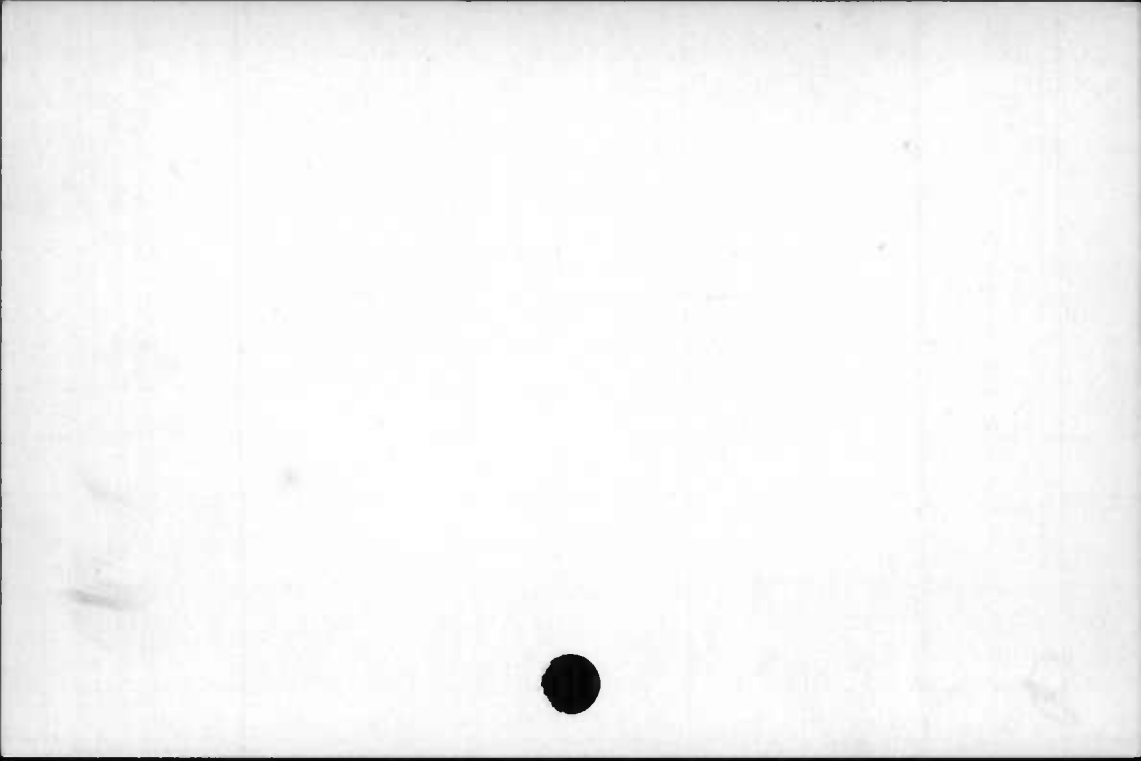
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Still born</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. M. Clemens</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name In Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
	Date of death <i>1906</i>	<i>Nov</i> <small>Month</small>	<i>9th</i> <small>Day</small>	Age <i>30</i> <small>Years</small>	<i>1</i> <small>Months</small>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Worcester Co. Md.</i>		
	Occupation <i>Ironer</i>		Where Residing if not at place of death			
	Married, Single <i>Married</i>	Name of Wife or Husband <i>Mollie M. Brittingham</i>				
	Father's Name <i>William M. Brittingham</i>			Father's Birthplace <i>Worcester Co. Md.</i>		
	Mother's Maiden Name <i>Annie E. Mills</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Lordy F. Brittingham</i>			How related to deceased <i>Brother</i>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Tuberculosis of lungs.</i>		How long <i>2 or 3 years</i>			
	Immediate <i>General emaciation & heart failure</i>		How long _____			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Louis W. Krumm, M.D.</i>			
	Accident or Suicide?		Address <i>Salisbury Md.</i>			



Name
In
Full

CERTIFICATE OF DEATH

Byard Brown

Town

County

MARYLAND

Died at

Near Sharptown Wicomico

Date

Month

Day

Years

Months

Days

of death

1906

Nov

22

Age

85

Sex

Male

Color or
Race

Black

Birth-
place

Near Sharptown

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Not Known

Father's
Birthplace

Wicomico Co

Mother's
Maiden Name

" " "

Mother's
Birthplace

Wicomico Co

Name of person giving
In formation

Noah Brown

How related
to deceased

Son.

CAUSES OF DEATH

179

Primary

General debility
old age.

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

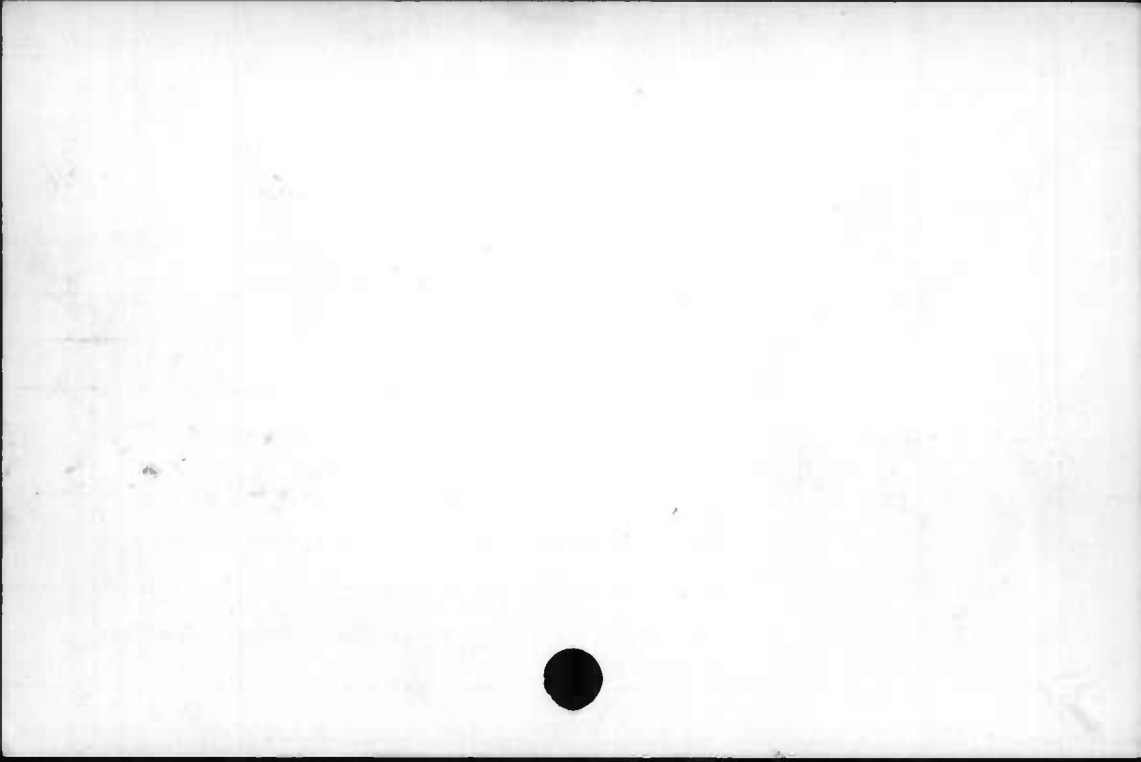
No doctor in attendance

W. N. Gaver

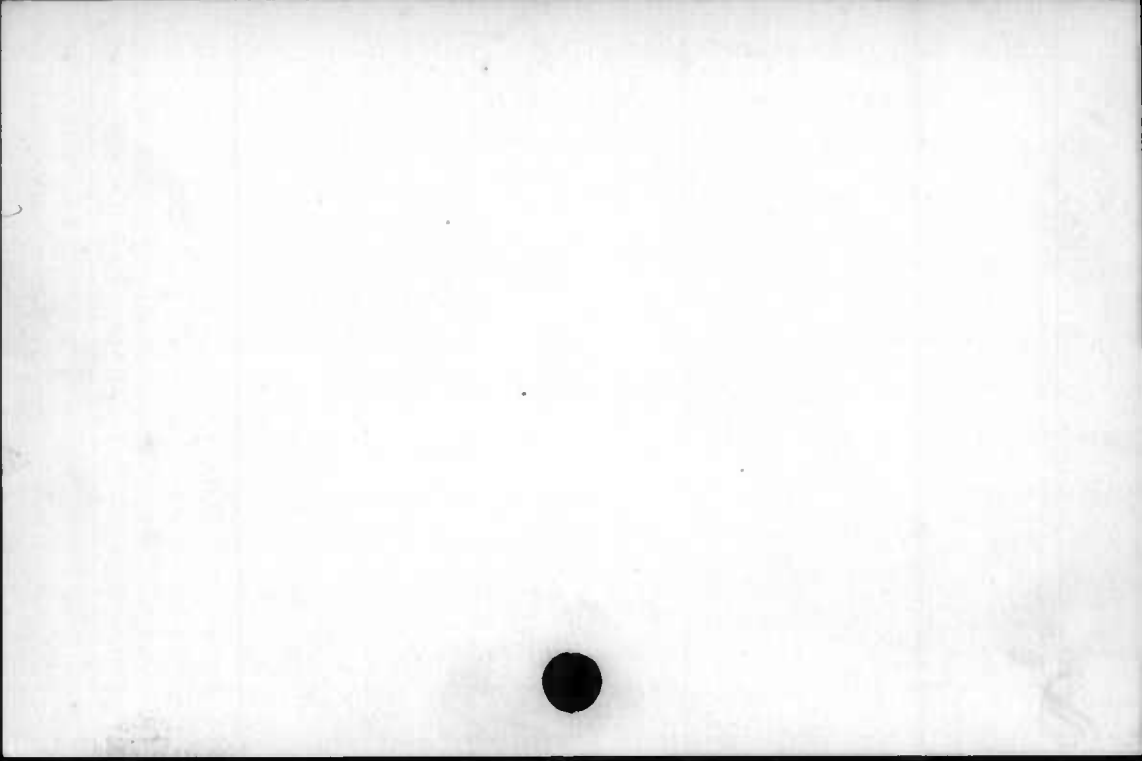
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

8



Name In Full		Daniel D Davis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Salisbury		Town		Wicomico
	Date of death		1906		Nov		12
	Sex		male		Color or Race		Black
	Occupation		Laborer		Birth-place		Md
	Married, Single or Widowed		Name of Wife or Husband		Where Residing if not at place of death		Millie Davis
	Father's Name		Mannuel Davis		Father's Birthplace		Md
	Mother's Maiden Name		Mallie Leonard		Mother's Birthplace		Md
Name of person giving information		Millie Davis		How related to deceased		Wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Albuminuria		How long		6 months
	Immediate		Aethenia		How long		a few hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		C. H. Humphreys
					Address		Salisbury, Md.
	Accident or Suicide?		No				



Name
in
Full

CERTIFICATE OF DEATH

Esther A. Dunn

Town

County

MARYLAND

Died at

Birch

Wicomico

Date

Month

Day

Years

Months

Days

of death

1906

11

25

Age *56*

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Female

Color or
Race

white

Birth-
place

Delaware

Occupation

housekeeper

Where Residing if not
at place of death

Maryland

Married, Single
or Widowed

Married

Name of ~~Wife~~ or
Husband

Perry Dunn

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

Perry Dunn

How related
to decedent

Husband

CAUSES OF DEATH

Primary

I attended Mrs Dunn Aug. 1906 for malarial fever

How long

Immediate

Don't know

How long

Don't know

Are the name, age, sex, color, date
and place correctly given above?

yes

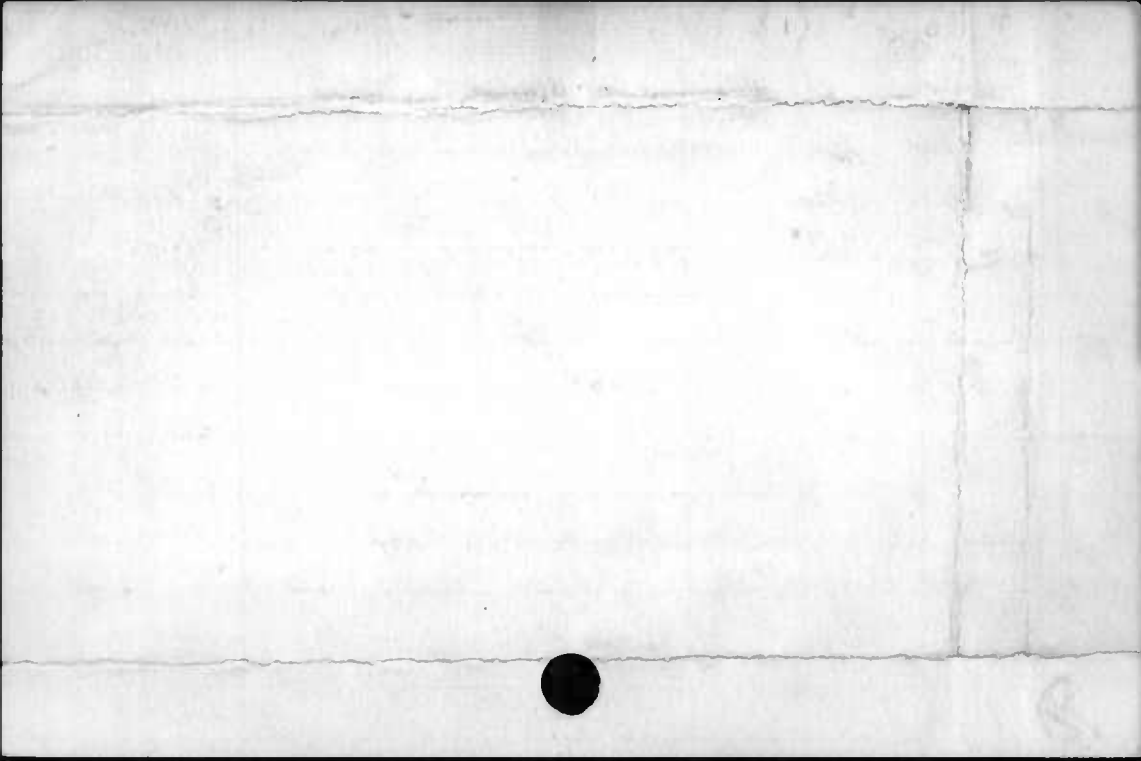
Signature of
Physician

Josephus A. Wright

Address

Sharptown Md.

Accident or Suicide?



Name
in
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CERTIFICATE OF DEATH

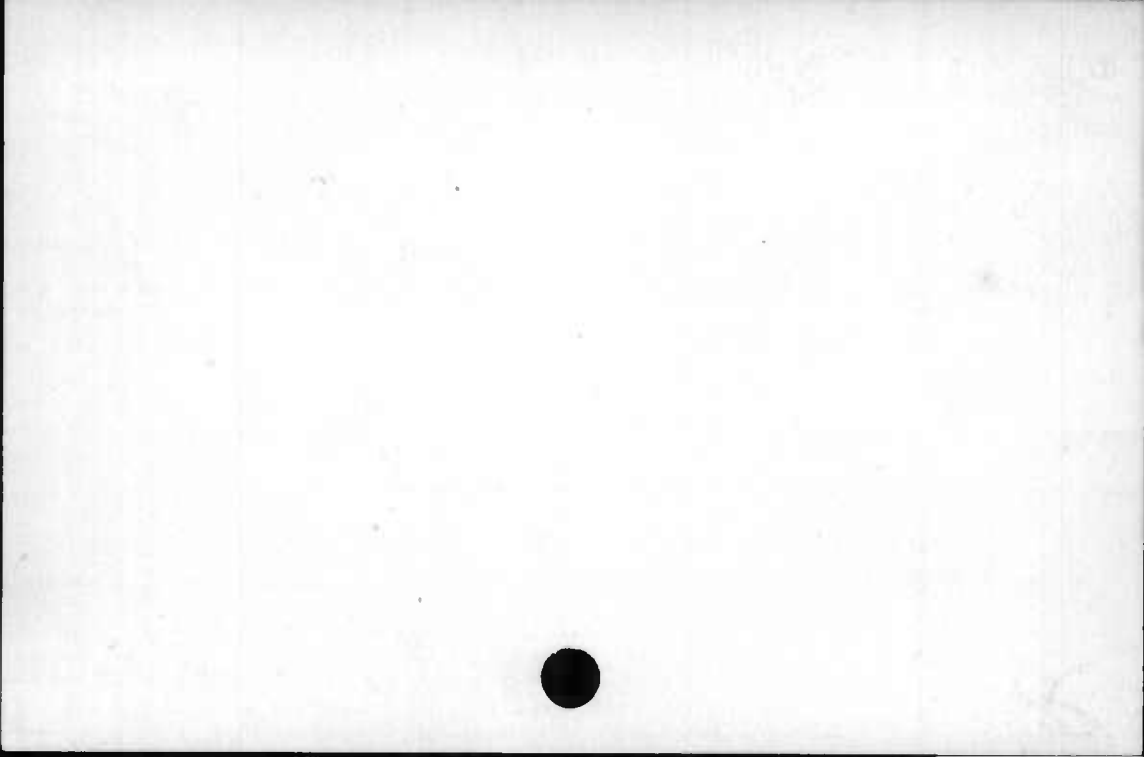
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near</i> ^{Town} <i>Williams</i> ^{County} <i>Williams</i>		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>Nov</i> ^{Day} <i>25</i> ^{Years} <i>33</i>	Months <i>—</i> Days <i>—</i>		
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Ind</i>	
Occupation <i>Black Smith</i>	Where Residing if not at place of death <i>Traskville</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Don't know</i>		
Father's Name <i>Herison Handy</i>	Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>		
Name of person giving information <i>Woodland Dickson</i>	How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long <i>Few minutes</i>
Immediate <i>Suffocation</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>I know</i>	Signature of Physician <i>[Signature]</i>
Address <i>Salisbury West</i>	
Accident or Suicide? <i>Selfish accident</i>	



Name

in

Full

S.I.#1



CERTIFICATE OF DEATH

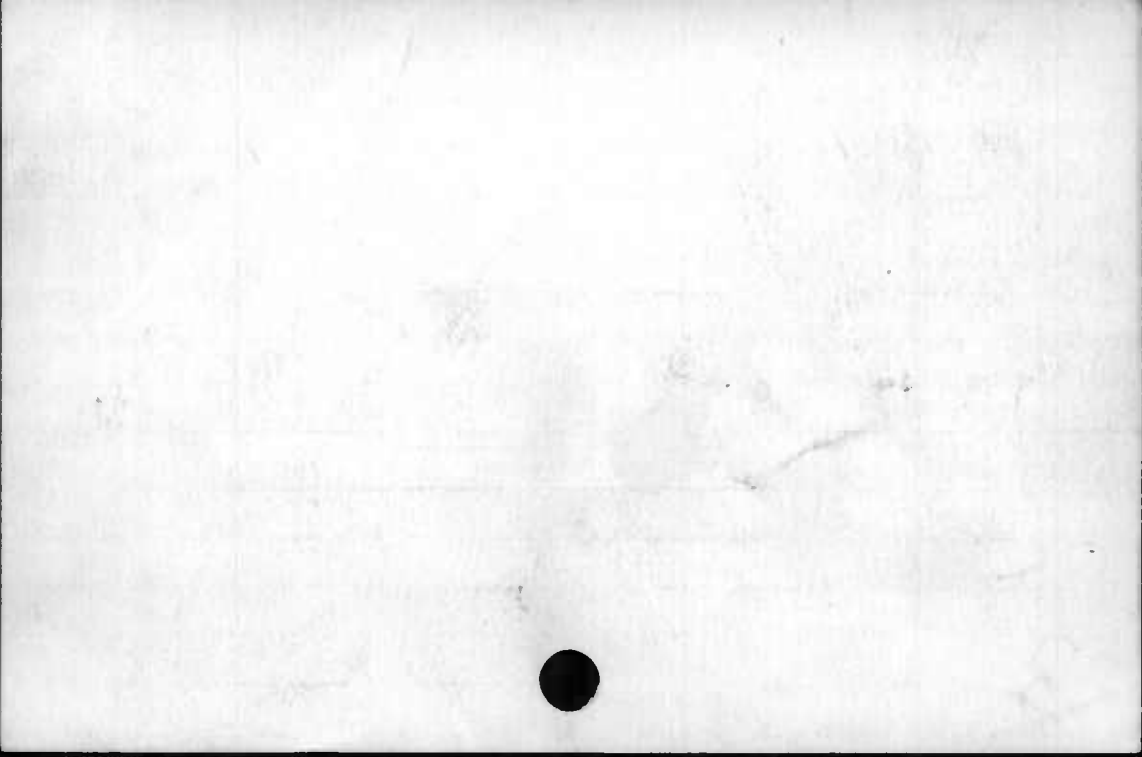
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Capitolia</i> ^{Town}		<i>Maine</i> ^{County}		MARYLAND	
Date of death 190	<i>11</i> ^{Month}	<i>10</i> ^{Day}	Age <i>30</i> ^{Years}	<i>7</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Turkey</i>		
Occupation			Where Residing if not at place of death <i>Shed</i>		
Married, Single <i>married</i>		Name of Wife <i>Levin</i> or Husband <i>Handy</i>			
Father's Name <i>David Handy</i>			Father's Birthplace <i>Wisconsin</i>		
Mother's Maiden Name <i>Cher Wainright</i>			Mother's Birthplace <i>Turkey</i>		
Name of person giving information <i>Almonet Handley</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>176</i> <i>2 weeks</i>	How long
Immediate <i>Strangulation</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. H. Lankford</i>	
	Address <i>White Haven</i>	
		
 Accident or Suicide? <i>no</i>		



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CERTIFICATE OF DEATH

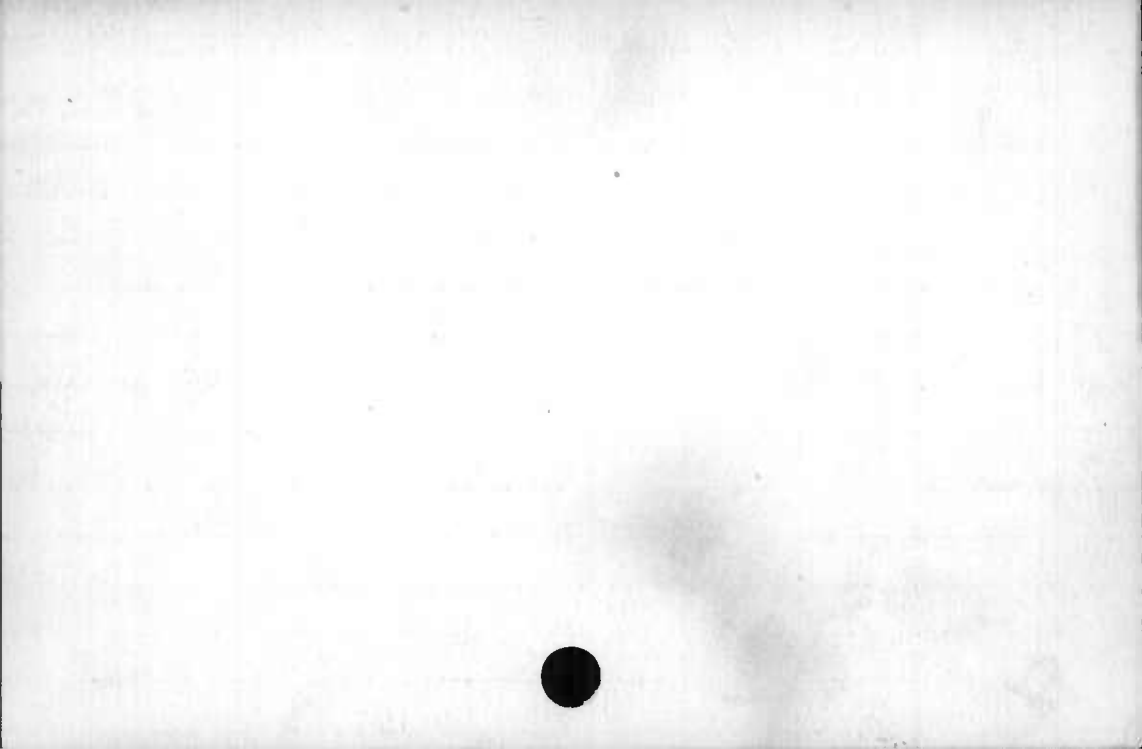
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Birchloe</i> ^{Town}		<i>Neemico</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>11</i> ^{Month}	<i>2</i> ^{Day}	<i>Age</i> ^{Years}	<i>Months</i>	<i>Days</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Maryland</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>"</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Virginia Hemmings</i>				
Father's Name <i>John Hemmings</i>	Father's Birthplace <i>"</i>				
Mother's Maiden Name <i>Sarah Jackson</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs Jane Hemmings</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>179</i>	How long <i>10 months</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. B. M. Luskford</i>	Address 
Accident or Suicide?		



Name
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CERTIFICATE OF DEATH

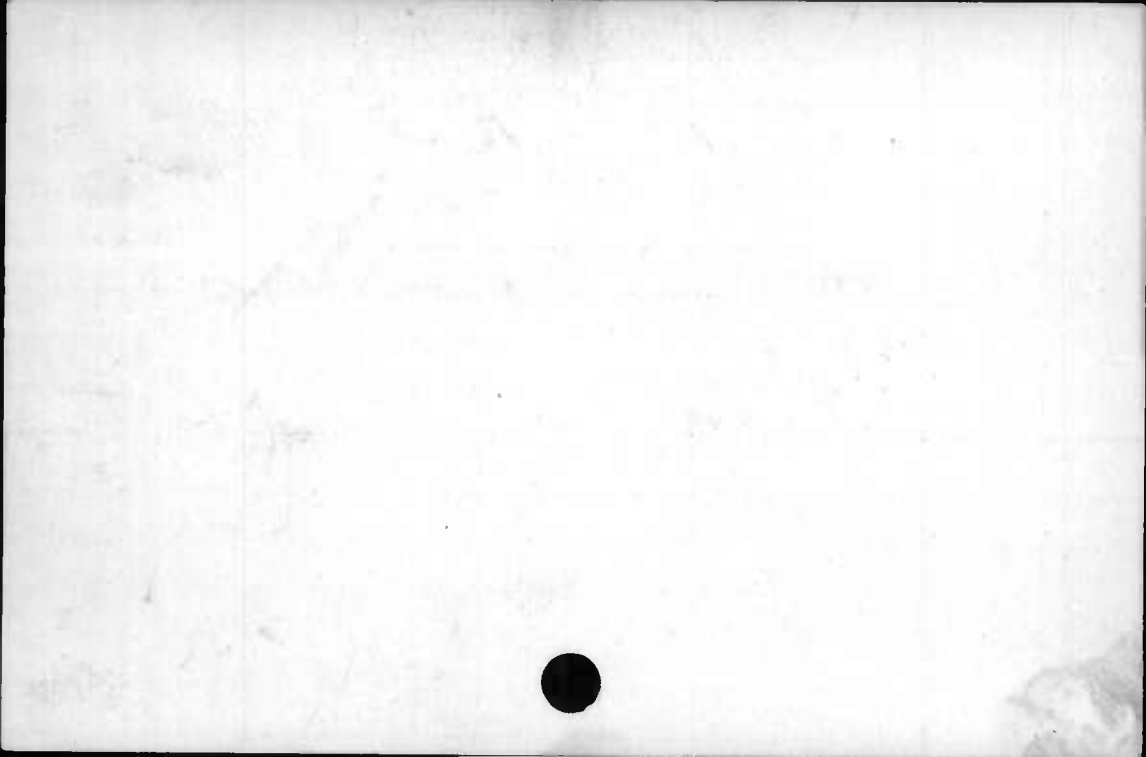
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wetzel</i> Town		<i>Marion</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>18</i>	Age <i>18</i> Years	Months <i>3</i>	Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Marionland</i>		
Occupation <i>Mariner</i>			Where Residing if not at place of death <i>Ind "</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Edward Hull</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Eliza Hull</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Edward Hull</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Spinal Thrombosis</i>	How long	<i>one year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. B. Odum</i>	
		Address <i>Marionland</i>	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

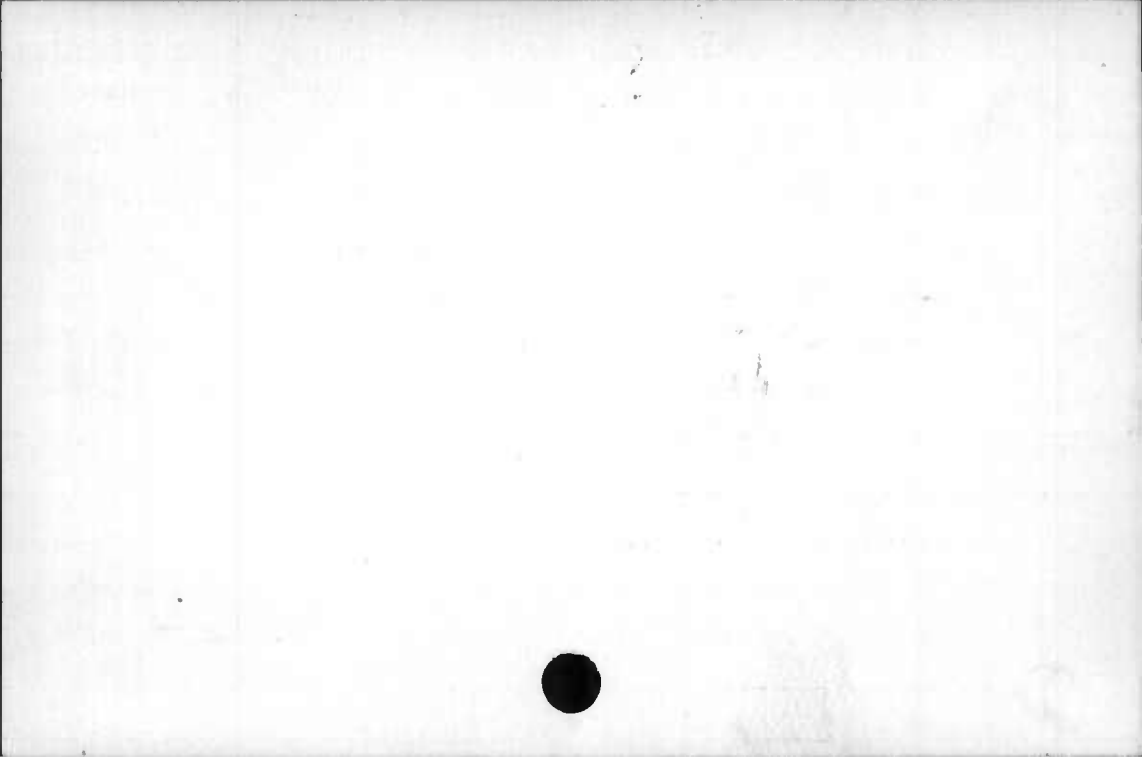
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John R Gister</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND							
Died at <i>Salisbury</i>		Month <i>Nov</i>		Day <i>2</i>		Age <i>9</i>		Years <i>3</i>		Months <i>11</i>		Days	
Date of death <i>1906</i>		Month <i>Nov</i>		Day <i>2</i>		Age <i>9</i>		Years <i>3</i>		Months <i>11</i>		Days	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Del</i>									
Occupation				Where Residing if not at place of death									
Married, Single or Widowed				Name of Wife or Husband									
Father's Name <i>George W Gister</i>				Father's Birthplace <i>Del</i>									
Mother's Maiden Name <i>Elizabeth Adkins</i>				Mother's Birthplace <i>Del</i>									
Name of person giving information <i>George W Gister</i>				How related to deceased <i>Father</i>									

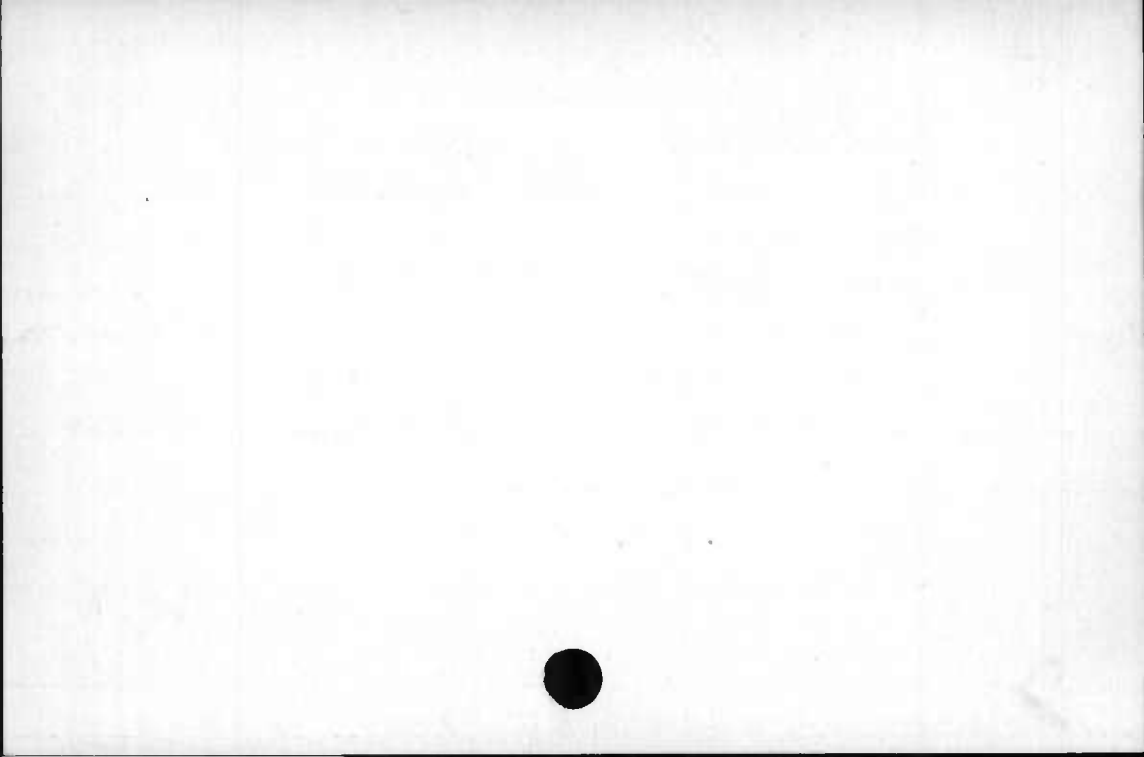
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scarlet Fever</i>		How long <i>about 1 week</i>	
Immediate <i>Heart Disease</i>		How long <i>about 1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. H. Todd</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			



Name in Full		Infant of James H. Jones				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		County		MARYLAND		
		Salisbury		Wicomico				
		Date of death	Month	Day	Age	Years	Months	Days
		1906	Nov.	1st	0	0	10	
		Sex	Color or Race		Birthplace			
		Female	Black		Salisbury Md.			
Occupation		Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband						
Single								
Father's Name		Father's Birthplace						
James H. Jones		Philadelphia Pa.						
Mother's Maiden Name		Mother's Birthplace						
Annice Goslee		Lananco Md.						
Name of person giving information		How related to deceased						
James H. Jones		Father						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		How long				
		Rupture of Umbilical Cord		about 1 mm				
		Immediate		How long				
		Exhaustion from loss of blood		2 or 3 days				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address				
Yes		Geo. W. Todd		Salisbury Md				
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

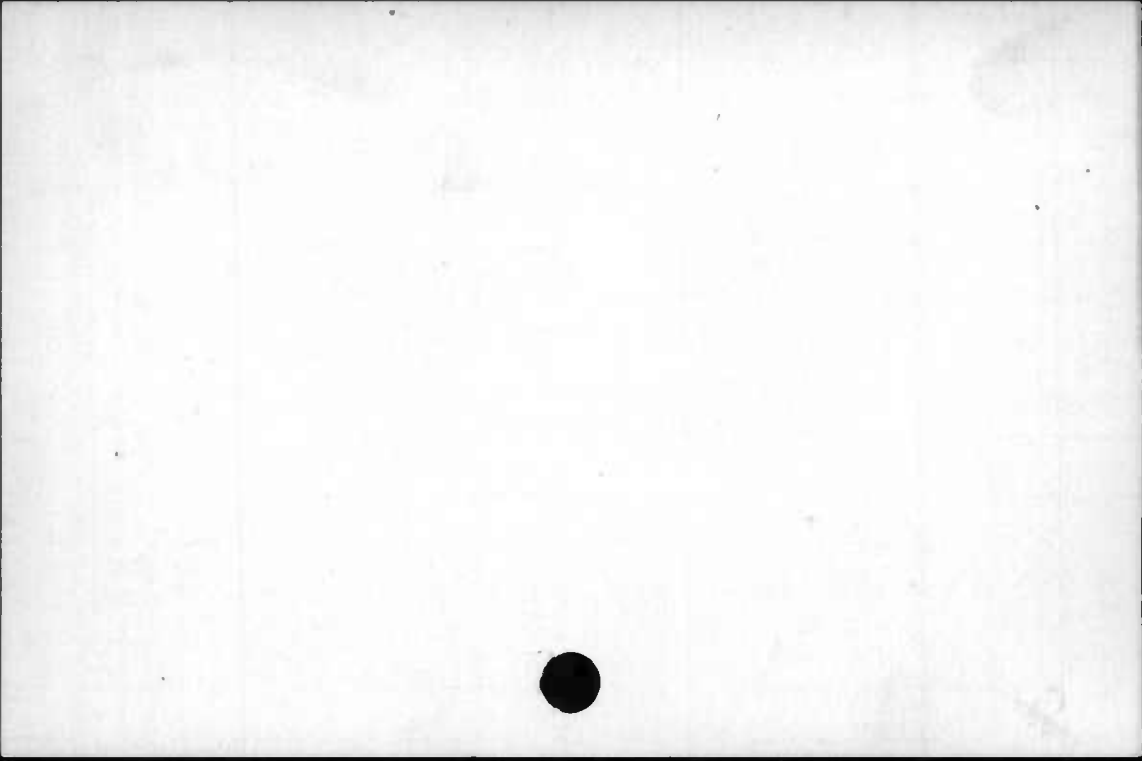
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND		
Date of death		1906	Month <i>Nov</i>	Day <i>11</i>	Age <i>50</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place				
Occupation <i>Tram</i>		Where Residing if not at place of death		<i>not known</i>				
Married, Single or Widowed <i>I don't know</i>		Name of Wife or Husband		<i>—</i>				
Father's Name <i>I don't know</i>		Father's Birthplace		<i>not known</i>				
Mother's Maiden Name <i>not known</i>		Mother's Birthplace		<i>" "</i>				
Name of person giving information <i>Miss Alice Matron P. G. Hospital</i>		How related to deceased		<i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>don't know</i>	How long	<i>don't know</i>
Immediate	<i>Pneumonia</i>	How long	<i>don't know</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. W. Ladd</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

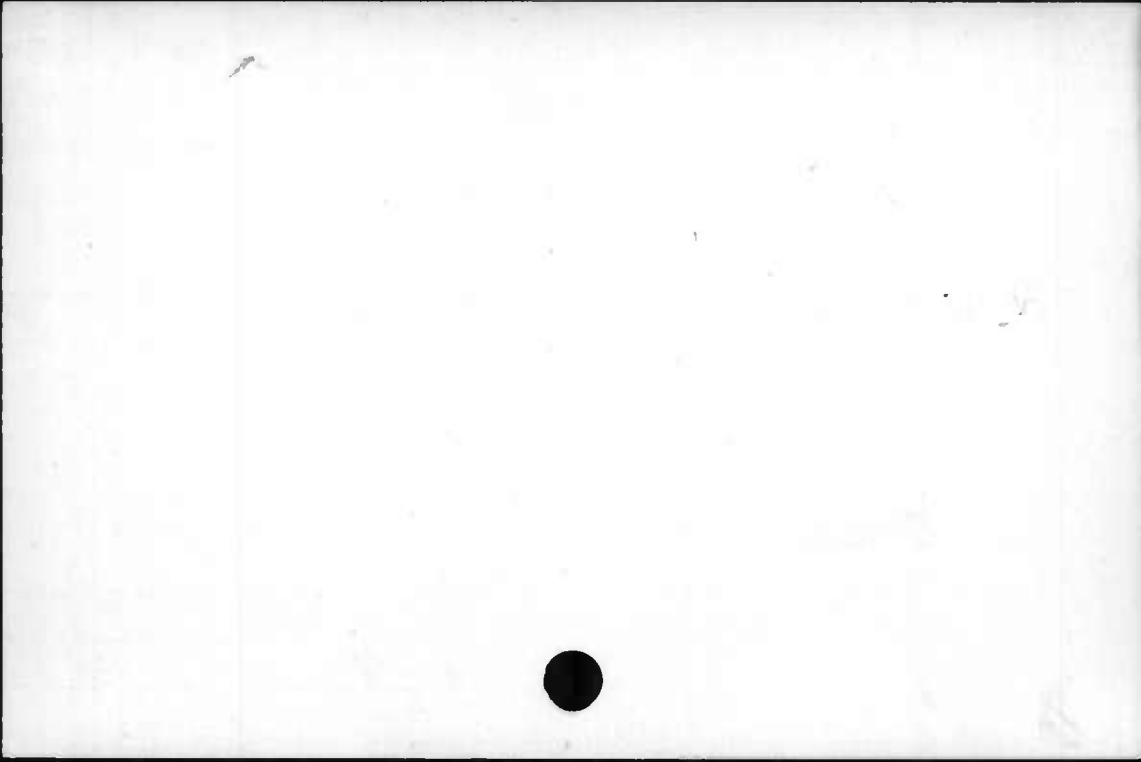
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Warner Lewis				County		MARYLAND		
Died at		Near Sharplown		Hicomieo						
Date of death		1906	Month Nov	Day 12	Age	38	Years	Months 4	Days 3	
Sex		Male		Color or Race		Black		Birth- place		Not Known
Occupation		Labourer				Where Residing if not at place of death				
Married, Single or Widowed		Married		Name of Wife or Husband		Eliza Lewis				
Father's Name		Not Known				Father's Birthplace				"
Mother's Maiden Name		"				Mother's Birthplace				"
Name of person giving In formation		Eliza Lewis				How related to deceased				Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	6 mos.
Immediate	Spasm	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. H. Gossaufer	
Address		Sharplown - Md	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

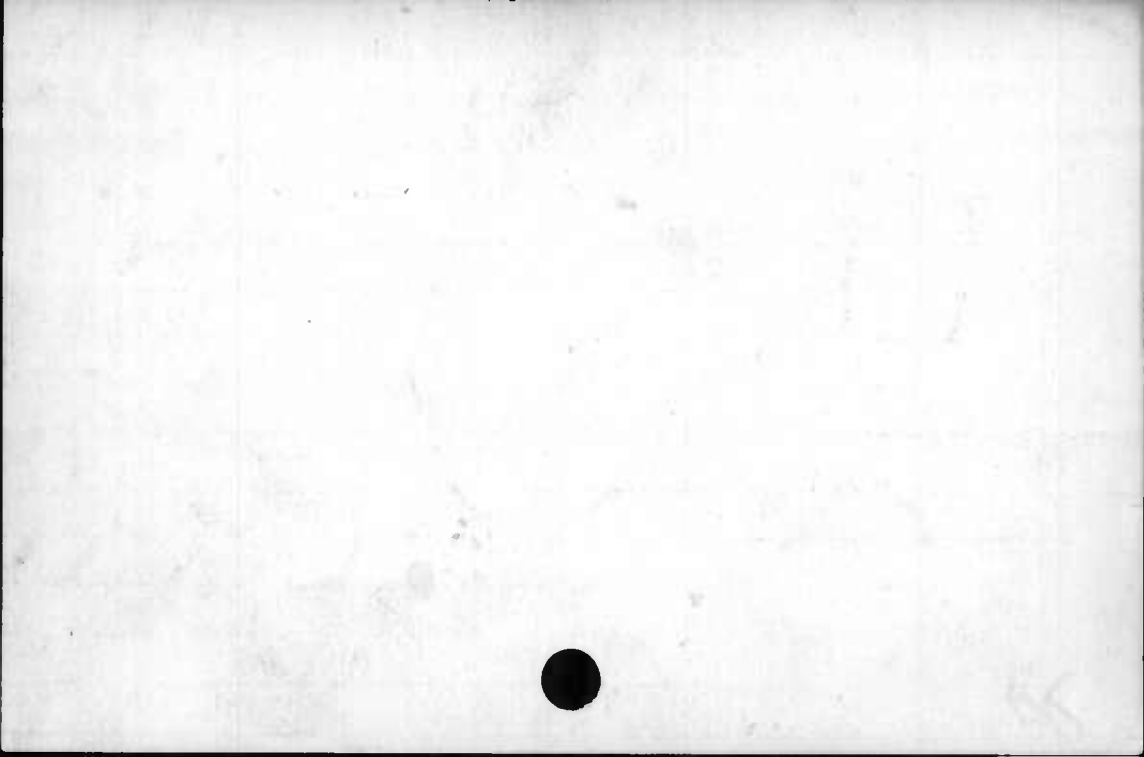
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monticello</i>		Town <i>Monticello</i>		County <i>Monticello</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>10</i>	Age	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>				
Occupation <i>housekeeper</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charles Nutter</i>						
Father's Name <i>Arnold Wallace</i>			Father's Birthplace <i>id</i>				
Mother's Maiden Name <i>Eliyah Wallace</i>			Mother's Birthplace <i>id</i>				
Name of person giving information <i>Charles Nutter</i>			How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>4 years</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr J H O Day</i>
	Address <i>Jesuitville Md</i>
Accident or Suicide?	



Name
in
Full

Alonge B. Oliver

11/22/1906

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

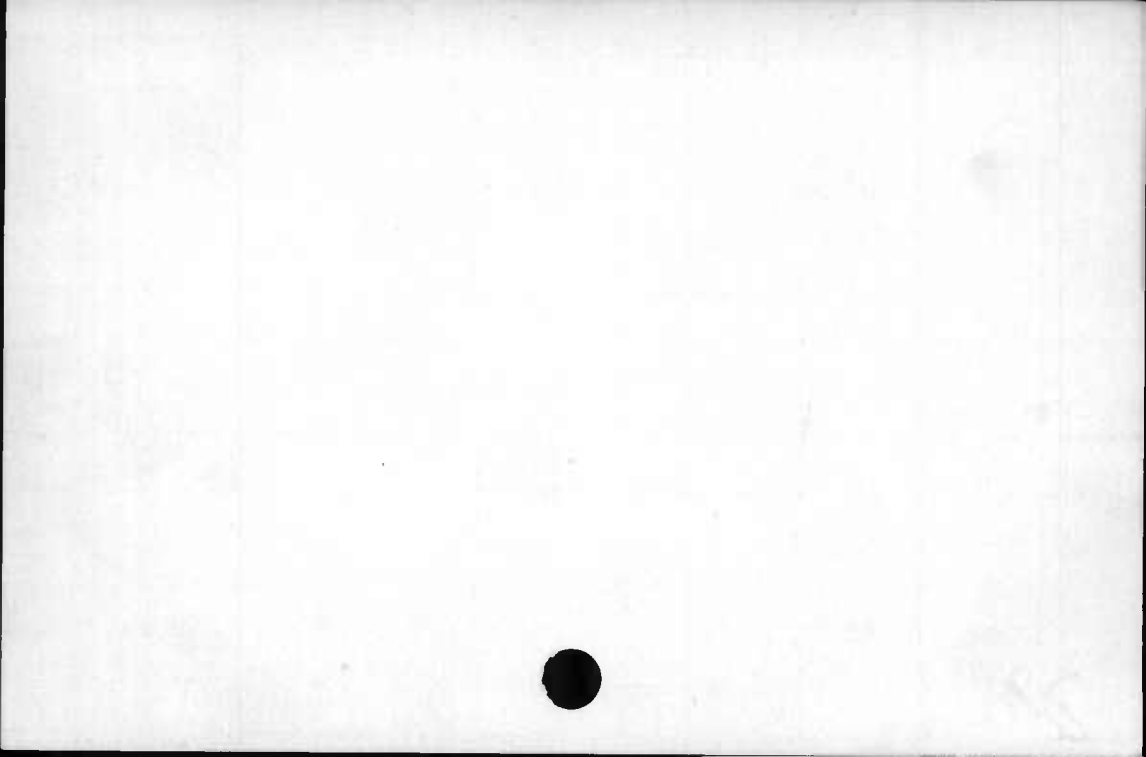
Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>12-6 A.M.</i>	Age <i>20</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Royal Oak Talbot Co. Md.</i>		
Occupation <i>Oysterman</i>	Where Residing if not at place of death <i>Near Royal Oak Md.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Henry Oliver</i>	Father's Birthplace <i>Royal Oak Md.</i>				
Mother's Maiden Name <i>Sarah E. Oliver</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Murray Williams</i>	How related to deceased <i>Grand Father</i>				

Shot by me & his associates

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gunsight -</i>	How long <i>(176)</i>	How long <i>about one month</i>
Immediate <i>Septicaemia</i>		How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes?</i>	Signature of Physician <i>Geo R. Toad</i>	
	Address <i>Salisbury Md</i>	
Accident or Suicide? <i>Homicide</i>		



Name
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Full

Sarah P. Parker

CERTIFICATE OF DEATH

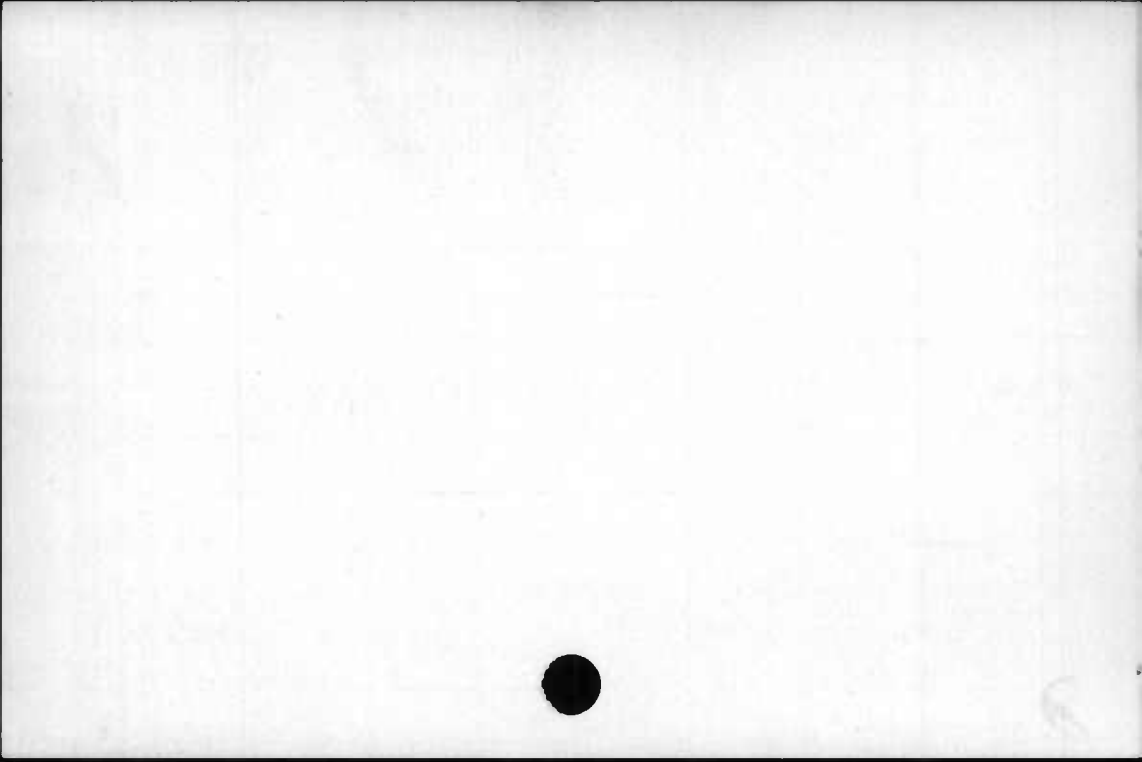
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>5th</i>	Age <i>82</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Wicomico Co. Md.</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single <i>Widow</i>	Name of Wife or Husband <i>Henry W. Parker</i>				
Father's Name <i>John Leatherbury</i>	Father's Birthplace <i>2 Annetico Md.</i>				
Mother's Maiden Name <i>Iris J. Leatherbury</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>John H. Parker</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>2 or 3 weeks</i>
Immediate <i>Manitum by shock fallure</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. M. Clemons M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

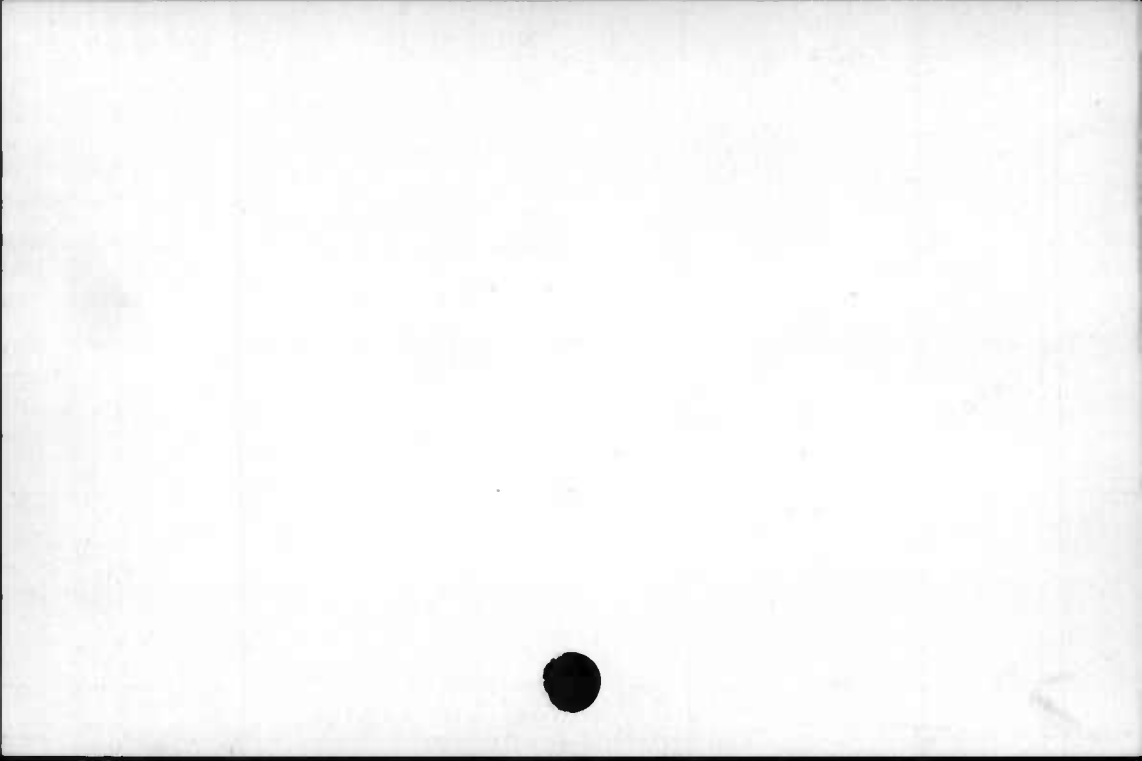
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Freeland</i>		Town		<i>Thomico</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Nov.</i>	Day	<i>7</i>	Age	<i>3</i>	Years	Months
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Thomico Co. Md.</i>		
Occupation					Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband						
Father's Name	<i>Lee Pusey</i>					Father's Birthplace			
Mother's Maiden Name	<i>Ella Smith</i>					Mother's Birthplace			
Name of person giving information	<i>Lewis Bounds</i>					How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral trouble</i>	How long	<i>60</i>
Immediate	<i>obscure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. J. Long</i>
		Address	<i>Alburt</i>
Accident or Suicide?		<i>md</i>	



Name
in
Full

CERTIFICATE OF DEATH

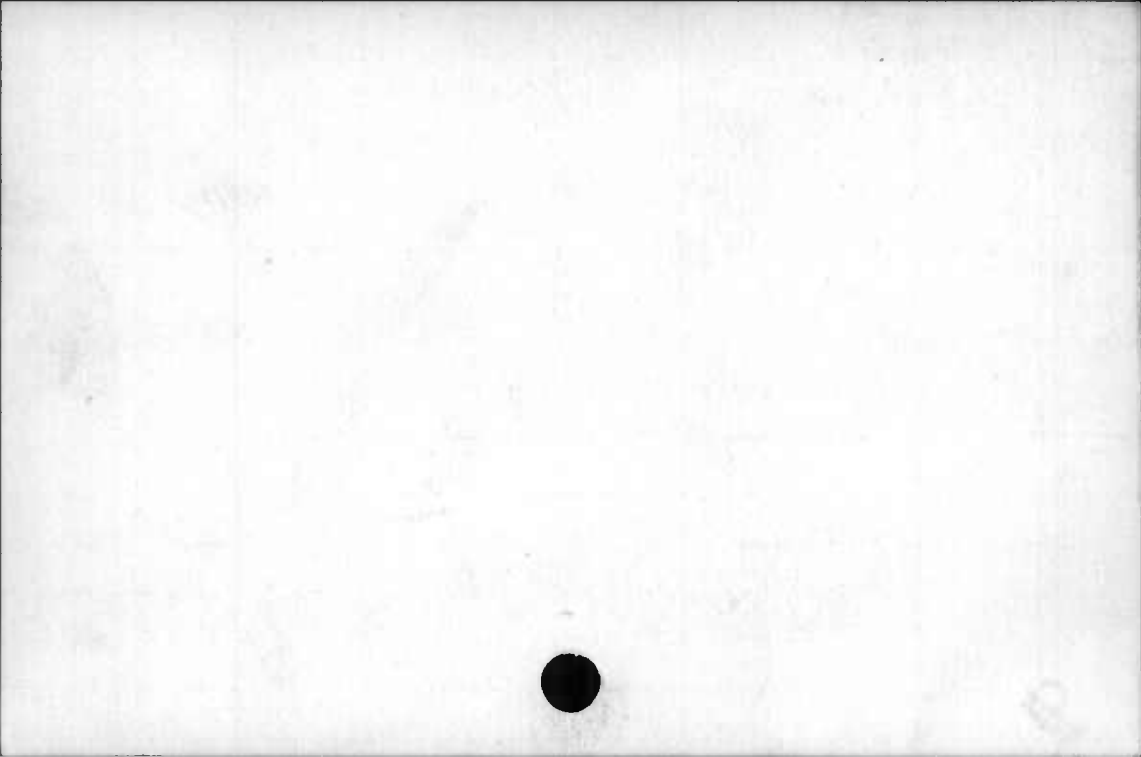
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death <u>1906</u> Month <u>Nov</u> Day <u>25</u>		Age <u>51</u> Years		Months	Days
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Ind</u>	
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Near Pocomoke</u>			
<input checked="" type="checkbox"/> Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband			
Father's Name <u>Levin Ross</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Elizabeth Winder</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>J. W. Bloodworth</u>		How related to deceased <u>No Relation</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Crushed by tree-</u>	How long <u>8 wks</u>
Immediate <u>Septic</u>	How long <u>4 wks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John W. H. Sept</u>
	Address <u>On Elm St. S. Salisbury, Md.</u>
Accident <input checked="" type="checkbox"/> Suicide	



Name
in
Full

Charlotte Timmons

CERTIFICATE OF DEATH

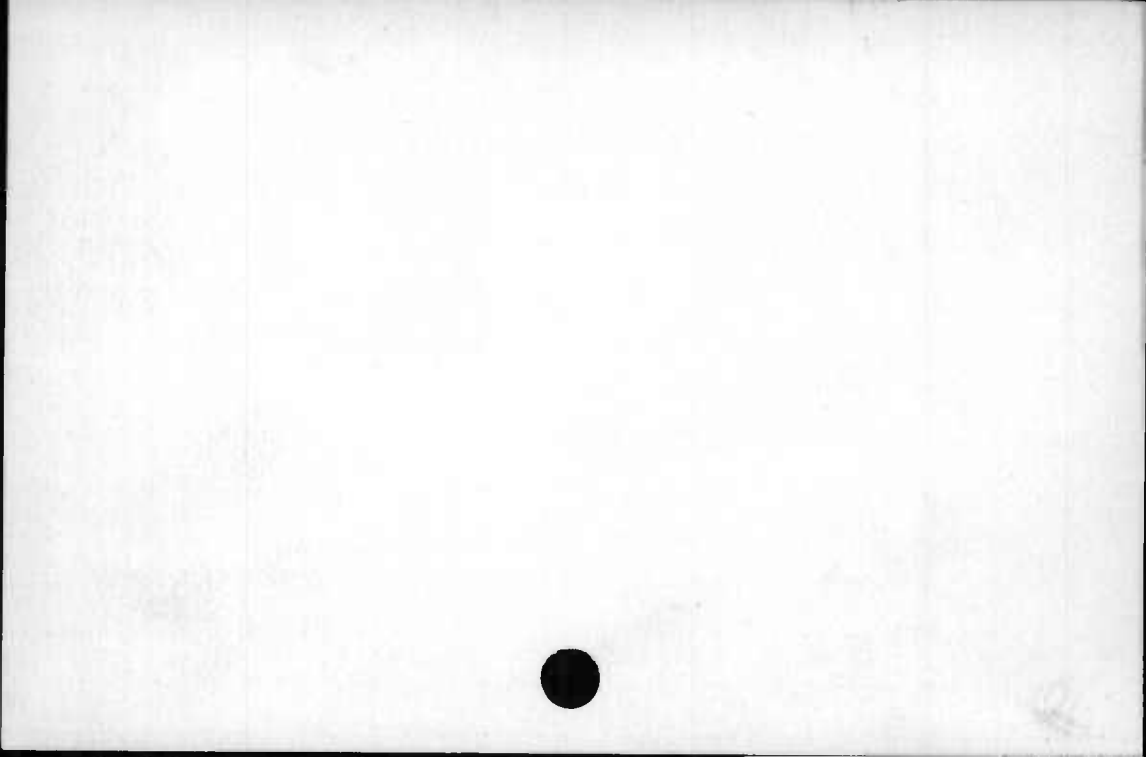
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>3</i>	Age <i>40</i>	Years <i>40</i>	Months <i></i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Salisbury Md</i>		
Occupation <i>Housework</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed		Name of Wife or Husband <i></i>			
Father's Name <i>John Timmons</i>		Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Grace Lindsey</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Grace Lindsey</i>		<i>(97)</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enlarged Luv. Bronchial Tubes</i>	How long <i>2 or 3 mos</i>
Immediate <i>Heart complications</i>	How long <i>a few days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ernest J. Jones</i>
	Address <i>Salisbury</i>
Accident or Suicide? <i>No</i>	<i>Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

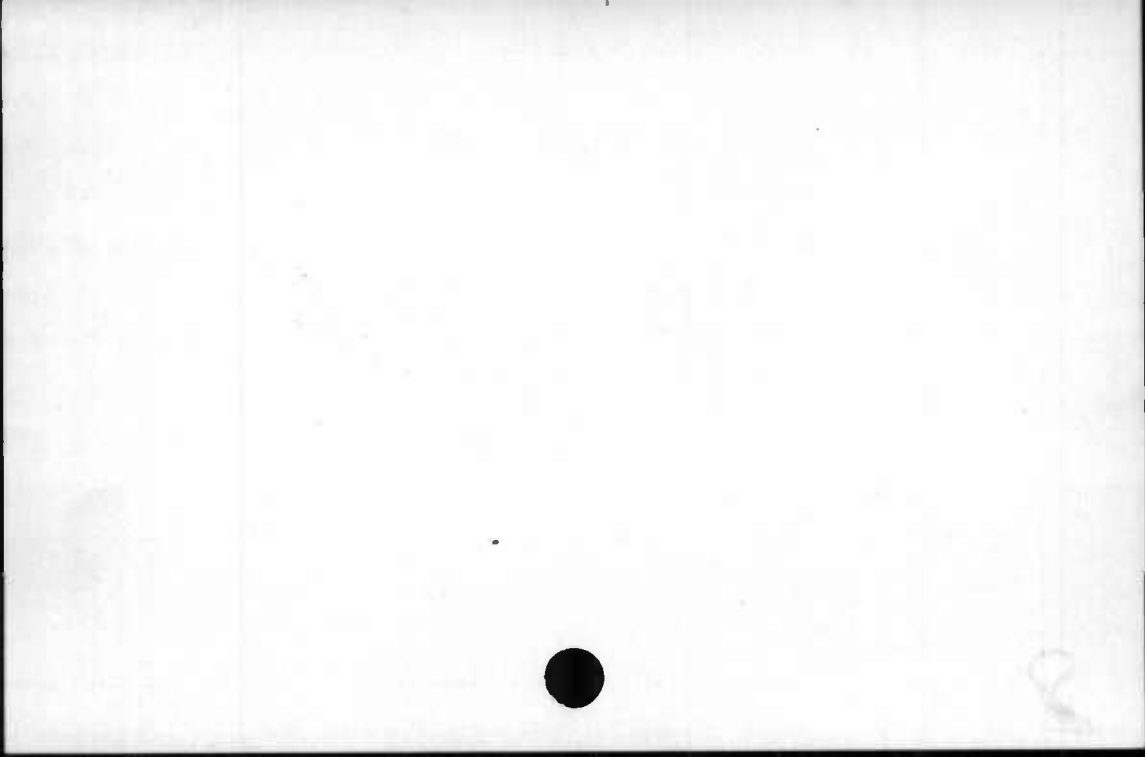
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Nov.</i> <small>Month</small>	<i>30th</i> <small>Day</small>	Age <i>72</i> <small>Years</small>	<i>8</i> <small>Months</small>	<i>19</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co. Md.</i>		
Occupation <i>Justice of the Peace</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elmanda Turpin</i>				
Father's Name <i>John Upshur Turpin</i>	Fether's Birthplace <i>Somerset Co. Md.</i>				
Mother's Maiden Name <i>Zephora Goslee</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>A. C. Turpin</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>mitral regurgitation</i>	How long <i>6 years</i>
Immediate <i>Syncope</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. G. G. G.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Viola S. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fruitland</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Nov.</i> ^{Month}	<i>14th</i> ^{Day}	<i>2</i> ^{Years}	<i>5</i> ^{Months}	<i>15</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Fruitland Md.</i>			
Occupation <i>~~~~~</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>~~~~~</i>			
Father's Name <i>Preston Wright</i>		Father's Birthplace <i>Wicomico Co. Md.</i>			
Mother's Maiden Name <i>Biddy Wilson</i>		Mother's Birthplace <i>Somerset Co. Md.</i>			
Name of person giving information <i>Dulang Wright</i>		How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>2 weeks</i>
Immediate <i>Meningeal Disease</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Morris M.D.</i>
	Address <i>Delabury Md.</i>
Accident or Suicide? <i>8</i>	

